## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name

493010

(3)

UNITED STATES GENERAL AGENCIES, INC.

ONTE	OTATEO GENERAL AGE	NOIES, INC.			A HARRY BIBIO WHEN THE BOLD LIBER DON BIBIO A	TO BORD BORD BURN BORD IS
Dringing Diag	o of Duninous	Marillan Address		- ···		
Principal Place of Business		Mailing Address				
1114 SEMORAN BLVD CASSELBERRY FL 32707-8102		P. O. BOX 181249 CASSELBERRY FL 32718-1249				
us us					DO NOT WRITE IN THI	S SPACE
					3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a. Mailing Address			12/23/1975 4. FEI Number	TA-Had Fa
21		26			Applied For	
Suite, Apt. #, etc.		Suite, Apt #, etc.		<del></del>	59-1650885	Not Applicable  \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
I City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
I Zip	Country	Z <sub>i</sub> p	Country		8. This corporation owes or has paid the o	
24	25	29	30		Personal Property Tax due June 30.	Yes No
g. Name and Address of Current Registered Agent				Name	10. Name and Address of New Registers	a Agent
	ULK, PHYLLIS		81	Harrie		
1114 SEMORAN BOULEVARD CASSELBERRY FL 32707			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
UA	SOCUDENNT PL SZ/U/		83			
			64	City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered						
agent. I a	egistered agent, or boin, in the sta m familiar with, and accept the obli	ite of Fiorida. Such change was a igations of, Section 607.0505, Fic	autnorized by orida Statutes	tne corporation	on's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE						
	Signature, typed or printed name of registered a			nt signature require	ed when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PVTS PAULK, PHYLLIS	☐ DELETE	1.1 TITLE	•		☐ Change ☐ Addition
NAME	4444 OFMODAN BAND		1.2 NAME			
STREET ADDRESS	CASSELBERRY, FL 00000		1.3 STREET			
CITY-ST-2)P TITLE	C	DELETE	1.4 CITY-ST 2.1 TITLE	- ZIP		Change Addition
NAME	PAULK, W EARLE	_ treet	2.2 NAME			C) change C Addition
STREET ADDRESS	1114 SEMORAN BLVD.		2.3 STREET	ADDDECC		
CITY-ST-ZIP	CARCEL DEDDOV. EL ACOCO.					
TITLE	ONGCEDENTI, TE GOOG	DELETE	2.4 CITY-S' 3.1 TITLE	1-214		Change Addition
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET A	ADORESS		
CITY - ST - ZIP			34. CITY-S1			
TITLE		DELETE	4.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET A	ADDRESS		
CITY-ST-ZIP			44 CITY-ST	- ZiP		
TITLE		☐ DELETE	51 TITLE			Change Addition
NAME	5.5		5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY - ST - ZIP			5 4 City - St			
TITLE		DELETE	6 1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A	vd <b>dr</b> ess		

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.

CICNATUDE.

Phyllis Paulk

PHYLLIS PAUL

4-18-98

407-677-1111

**FILED** 

Apr 27 1998 8:00am

Secretary of State